

CONSUMER AFFAIRS COMMISSION (CAC)

An Agency of the Ministry of Industry, Investment and Commerce

World Consumer Rights Day Fact Sheet

Stemming the Upward Trend in Non-Communicable Diseases (NCDs) by Tackling Unhealthy Diets

March

15

2015

NATIONAL WCRD CAMPAIGN THEME:

“Healthy Diets: Eating Right, When Money Tight”

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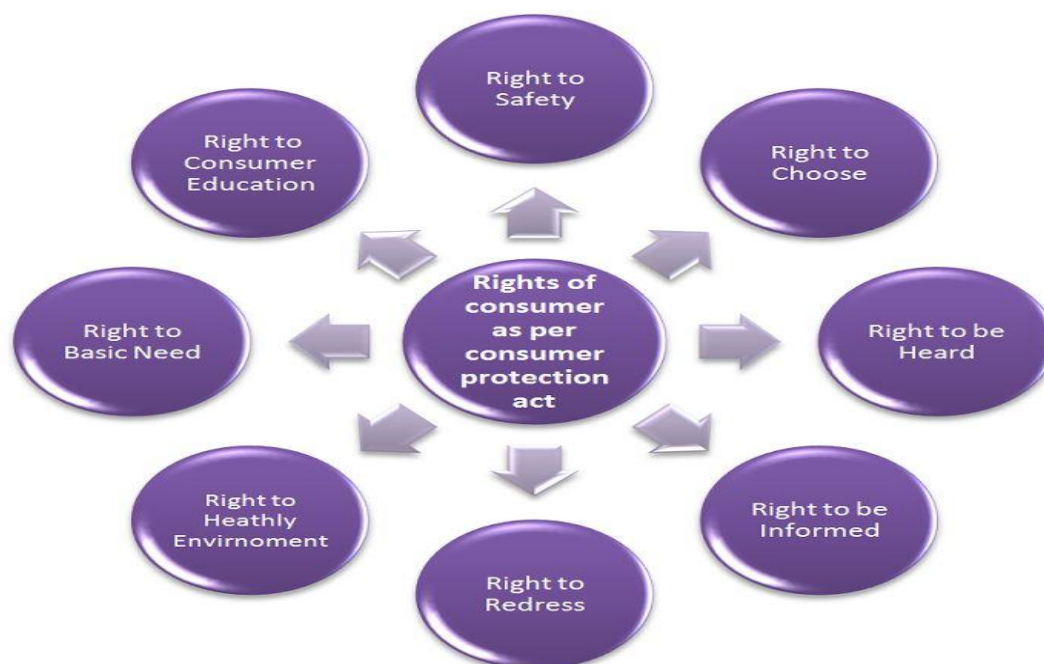
WORLD CONSUMER RIGHTS DAY FACT SHEET

History and Purpose of WCRD

March 15th is World Consumer Rights Day (WCRD), an annual occasion for celebration and solidarity within the international consumer movement. **First observed on 15 March 1983**, it marks the date in 1962 when President John F Kennedy first outlined the definition of Consumer Rights. It has since become an important occasion for mobilizing [global] citizen action.

WCRD is an opportunity to promote the basic rights of all consumers, for demanding that those rights are respected and protected, and for protesting the market abuses and social injustices which undermine them.

Consumer Organizations around the world put on special campaigns, press conferences, public exhibitions, workshops, street events or new publications, to name only a few possibilities. **The underlying aim of WCRD is to bring about important and needed benefits for consumers.**¹



¹ <http://www.consumersinternational.org/our-work/wcrd/about-wcrd/> (Last accessed March 2, 2015)

Global Consumer Campaigns WCRD 2000 - 2014

Over the last 15 years, successful WCRD global campaigns implemented by Consumers International (CI)² have included, but are not limited to the following:

YEAR	CAMPAIGN THEME	GOAL /IMPACT
2014:	<i>Fix Our Phone Rights</i>	<i>Called on CI Members and Supporters to highlight the consumer issues that were undermining and frustrating the success of mobile phone services. Highlighted were the issues that most affect consumers, including the need for access to a reliable service, the security of their data and fair contracts and billing.</i>
2013:	<i>Consumer Justice Now!</i>	<i>CI urged its members and supporters around the world to use the occasion to expose the very real damage caused by a poor or non-existent consumer protection framework.</i>
2012:	<i>Our money, our rights: campaigning for real choice in financial services</i>	<i>The global consumer movement united to demand a real choice for consumers in financial services (bank accounts, loans and global money transfers). The campaign highlighted the lack of effective competition in the market; consumer difficulty in understanding different financial products due to a lack of information or because the products themselves were too complex; and the challenges in switching from one provider to the next.</i>
2011:	<i>Consumers for Fair Financial Services</i>	<i>CI and its members used the opportunity to highlight consumers' concerns about financial services and urged both national governments and international organizations to take meaningful action.</i>
2010:	<i>Our money, our rights: Fighting for Fair Financial Services</i>	<i>Highlighted consumer issues in relation to financial services.</i>
2009:	<i>Junk Food Generation- Yr. 2 campaign to stop the marketing of unhealthy food to children</i>	<i>CI and its member organizations used WCRD 2009 as an opportunity to intensify the pressure for an international code at the national, regional and international levels.</i>
2008:	<i>Junk Food Generation- Yr. 1 campaign to stop the marketing of unhealthy food to children</i>	<i>World CI member organizations united in an international day of action to highlight the damage done by junk food marketing and to urge government ministers to support the Code ahead of the World Health Assembly (WHA) in May 2008.</i>

² CI is the only independent global campaigning voice for consumers, with over 250 member organisations in 120 countries.

YEAR	CAMPAIGN THEME	GOAL /IMPACT
2007:	Unethical Drug Promotion	Consumers are largely unaware of how their drug consumption choices are being shaped by corporate motives for profits. Consumers International campaigned to hold governments and pharmaceutical corporations accountable for unethical drug marketing, promotion and advertising practices that are putting profit before consumer health.
2006:	Energy - Sustainable access for all	CI called on governments to step up their efforts to work together with consumers to develop comprehensive sustainable energy plans which remain within the limits of consumer affordability and sustainable access.
2005:	Consumers say No to GMOs	CI campaigned for all GM foods to be subjected to rigorous, independent safety testing and properly and clearly labelled; and for all consumers to be able to choose to buy non-GM foods if that is what they want.
2004:	Water is a Consumer Right	Addressed the challenge to provide access to water services to all, especially the poor, which is safe, sufficient, regular, convenient and available at an affordable price.
2003:	Corporate control of the food chain: the GM link	CI went beyond questions of food safety and risks to human health to analyse how large corporations use biotechnology to consolidate their control over global food production.
2002:	Consumer voices for change	At the international level, CI renewed its campaign to get the World Trade Organization (WTO) to formally recognize the participation of consumer representatives in its work.
2001:	Corporate Citizenship in the Global Market – Accountability and the Consumer Perspective	Explored basic issues of corporate responsibility and how they are linked to poverty eradication from consumers' perspective, particularly rural consumers, so as to evolve and take forward well-argued viewpoints and concerns on corporate governance and poverty eradication in rural areas of a developing country to the development community at large.
2000:	Our Food, Who's Choice?	Raised, for the first time in one of CI's global campaigns, the topic of transgenic foods and their potential risks to human health.

It is noteworthy, that since 2000, almost one third of WCRD themes have been food related.

WCRD 2015 Campaign Theme: “Healthy Diets”

International Context

World Heart Federation (WHF) and World Health Organization (WHO) data reveal that Non-Communicable Diseases (NCDs)³ kill [over] 36 million⁴ people worldwide per year – more than all other causes combined. NCDs are the most frequent cause of death in most countries and account for nearly two thirds of all deaths globally. If current trends continue, NCD deaths will increase by 15 per cent over the next decade, reaching 44 million per year.⁵

The data further indicated that:

- Nearly four out of five deaths (80%) from NCDs occur in low- or middle income countries.
- If current trends continue, by 2030 NCDs in low- and middle-income countries will cause **five** times more deaths than communicable diseases; maternal and newborn death; and hunger combined.
- NCDs kill people at a younger age in low and middle-income countries - on average 10 years younger than in high-income countries.
- In a single decade, developing countries are expected to lose 84 [US] billion dollars of productivity from the death and disability caused by NCDs.
- NCDs are most common among the poor. Poverty is both a cause and a consequence of NCDs.
- NCDs impede progress toward the Millennium Development Goals, especially those factors affecting health, like poverty and education.

³ Non-communicable diseases include: cancer, cardiovascular disease, chronic respiratory disease and diabetes. In extremely low income countries, many NCDs are linked to infections. These include rheumatic heart disease, cervical cancer, liver cancer and stomach cancer

⁴ WHO Fact Sheet (January 2015) indicates 38 million. Source: <http://www.who.int/mediacentre/factsheets/fs355/en/> (last accessed March 3, 2015)

⁵ World Heart Federation (2010). Fact Sheet - Non-Communicable Diseases: A Global Emergency
Source: http://www.world-heart-federation.org/fileadmin/user_upload/children/documents/factsheets/Factsheet_Non_communicable_diseases.pdf (last accessed February 25, 2015)
http://www.paho.org/hq/index.php?option=com_content&view=article&id=7344%3Afighting-ncds-requires-commitment

As a result,

In 2011, Pan American Health Organisation (PAHO) invited governments, academia, civil society and private sector to participate in the Pan American Forum for Action on Non-Communicable Diseases (the Forum). The goal was to work together to raise awareness, promote new and innovative initiatives, and share best practices on the prevention and control of NCDs, as well as in health promotion and behavioural changes.

Besides governments, more than 40 civil society organizations were members and endorsed that forum.

Concerning the impact of unhealthy diets⁶, 2010 World Heart Federation data⁷ revealed that:

- Unhealthy diets are linked to four of the world's top ten leading risk factors causing death: high blood pressure, high blood glucose, overweight and obesity and high cholesterol.
- Inadequate consumption of fruits and vegetables increases the risk of cardiovascular disease and some cancers; and accounts for some 1.7 million deaths a year.
- Dietary salt consumption is an important determinant of blood pressure levels and of overall cardiovascular risk; high blood pressure is the number one risk factor for death around the world.
- High consumption of saturated fat and trans-fats is linked to heart disease, the number one cause of death globally.
- In low-income countries, unhealthy diet is linked to three of the top ten risk factors causing death: hypertension, high cholesterol, and high blood glucose.

⁶ Diets high in sugars, saturated and trans fats, low fibre foods and high-sugar drinks (high intake of fast and processed foods).

⁷ World Heart Federation (2010). Fact Sheet – Unhealthy Diet: Global dietary changes threaten health

Source: http://www.world-heart-federation.org/fileadmin/user_upload/children/documents/factsheets/Factsheet_Unhealthy_diet.pdf (last accessed February 25, 2015)

- ❑ Low fruit and vegetable consumption accounts for 2.9 per cent of deaths in low- and middle-income countries.
- ❑ The main contributing factors for unhealthy diets are the unavailability or unaffordability of fruits and vegetables; increased intake of prepared (dining out or processed foods) rather than homemade, homegrown foods, aggressive marketing of unhealthy foods like soft drinks and fast foods, especially to children.

Regional Context

- ❑ 2011 Statistics⁸ indicate that the Caribbean had the highest prevalence of Chronic Non-Communicable Diseases (CNCDs) in the region of the Americas.
- ❑ In CARICOM Member States, consumption of fats and sugars was 160% and 250% of requirements, respectively.

Jamaican Context

A 2008 World Bank Report on NCDs in Jamaica⁹ revealed that:

- ❑ NCDs have spread progressively among the entire population in the last decade and are the leading cause of mortality and morbidity, accounting for the largest number of hospital discharges.
- ❑ The prevalence of NCDs among females has increased faster than among males.
- ❑ The most prevalent NCDs are hypertension, diabetes and asthma.
- ❑ Unhealthy diet, physical inactivity, smoking, and harmful alcohol consumption are the major risk factors leading to NCDs. This is true for Jamaica, where:

⁸ CARICOM View (September 2011), p.5,6

⁹ World Bank (2008). Non-Communicable Diseases in Jamaica: Moving from Prescription to Prevention. Source: <http://siteresources.worldbank.org/LACEXT/Resources/informenoncommunicable.pdf> (last accessed February 25, 2015)

- ✓ **Obesity, mainly the result of unhealthy diet and lack of physical activity, is the most prevalent NCD [risk factor], particularly among adult women.**
- ✓ Women from poorer segments of the population are more likely to be at risk of NCDs.
- The burden of NCDs is particularly acute in Jamaica, where NCDs accounted for 60 percent of the burden of disease in 2002 when the country reported its four leading causes of death to be NCDs.
- Four out of the five leading causes of death in Jamaica are NCDs: namely cerebrovascular disease, diabetes mellitus, ischemic heart disease, and hypertensive heart disease.
- NCDs account for the highest number of hospital discharges. In 2007, the highest number of hospital discharges (including deaths) were patients with circulatory diseases, malignant neoplasms, endocrine and nutritional diseases, etc. These top four diseases share nutrition and lifestyle behavior as underlying determinants.
- **The 2007–8 Jamaica Health and Lifestyle Survey shows that 98 percent of 10–15 year old Jamaicans regularly consume sugar-saturated soft drinks, and over 80 percent of the 15–74 age group consume fast food more than twice a week.**
- The Jamaican diet consists of a large proportion of staple food and sweets with only a small number of the population consuming fruits.
- In the 2007–8 Jamaica Health and Lifestyle Survey, more than 60 percent of individuals reported that they consumed 6–12 servings (3–6 times a day) of staples per day,

The preliminary analysis of Jamaica's NCD policy and programmes indicates that the drug subsidy programme supported by the National Health Fund (NHF) has helped NCD patients reduce their spending on treatment. However, there is little evidence indicating that the trend of NCDs is declining in Jamaica, as

limited interventions have been made in regard to **targeted population-based prevention**.

Solving the Problem: Retarding the Risk Factors

A large percentage of NCDs¹⁰ can be prevented by reducing the four main shared risk factors: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet.

Why focus on Diets instead of other Risk Factors?

Food is a basic need without which, the entire world population would cease to exist. In contrast, the consumption of tobacco and alcohol is largely recreational, compounded by addiction. This makes tackling these risk factors much more complex, than addressing diets and physical activity. It is hoped however that encouraging healthy diets and lifestyle choices could have the positive ripple effect which results in the reduction of alcohol and tobacco use.

NCDs through the Consumer Lens

Diets are lifestyle choices impacted by income, access to a wide variety of food choices, cultural and social norms, education, health; and personal habits, attitudes, beliefs and behaviours which influence that choice.

Consumers constitute the largest number of individuals of any stakeholder group in the conversation on diets and NCDs. This is due to the fact that they provide the market for the food and alcohol; the unhealthy consumption of which results in the prevalence of some NCDs. This composite, targeted group referred to as consumers constitutes all citizens and cuts across geopolitics, gender, religion, income, disability and other demographics. Additionally, consumers have among other human rights, the right of access to basic needs; to safe and non-hazardous goods and services; information; and the right to choose.

Consumers have a responsibility to choose healthy over unhealthy foods. However, the choice should not be constrained by inaccessibility; high cost; lack of information; or the proliferation of poor quality, unsafe or unhealthy foods. Notwithstanding, the realities of the borderless market, it is necessary to

¹⁰ At least 80 per cent of premature heart disease, stroke and type 2 diabetes

consistently engage consumers in ways that facilitates and encourages the healthier options. It is reasonable to assume that the majority of consumers will choose healthier products if given consistent and useful information about the short, medium and long term benefits to a better life for self and family. This will require the design and implementation of effective strategic activities geared towards educating, empowering and creating a new normal.

It is the CAC's position that, if Jamaica is to halt this growing global epidemic at the national level, we must begin the conversation with the largest stakeholder group at the cellular level, that is, the individual consumer and the family; where positive changes in lifestyle choices (within these units) could reverse the projected trend of NCDs.

What can be done?

The WHF Report indicated that behaviours that contribute heavily to NCD risks are shaped by policy, socio-political and cultural norms and environmental factors, therefore solutions require the commitment and collaboration of several sectors that are unaccustomed to engaging their clients and customers about health needs in decision-making regarding research along the product and services value chain.

In tackling NCDs in general, global health watchers such as Pan American Health Organization (PAHO), the World Health Organization (WHO) and the World Heart Federation (WHF) encourage countries to:

- Target whole populations with a comprehensive approach that includes both **prevention** and **treatment** of NCDs. The recommended actions include *inter alia*, imposing restrictions on use of tobacco and alcohol, reduction of salt and sugar intake, replacement of trans-fats and mass media promotion of physical activity.
- Develop collaboration between governments, international agencies, civil society actors and the private sector to work together to adopt cost-effective measures that counter these threats.
- Facilitate consultations and partnership of policymakers, educators, health care providers, corporations, municipal authorities, the media and others who through working together, could raise awareness and thus the

priority given to non-communicable diseases, lobby that increased resources be allotted to them and implement initiatives which move people to action.

In addressing unhealthy diets specifically, Stakeholders are advised to consider that:

- Policies regulating food prices, production, processing and distribution can make healthy foods more affordable and more accessible.
- Legislation and other policies that restrict marketing can reduce the promotion of unhealthy foods, especially to children.
- Health professionals can emphasize the importance of healthy diet and they can advocate for policies and practices that promote healthy diet.
- School health programmes and community campaigns to educate children, parents, teachers and community leaders about the benefit and consequences of diet on health and show how these groups can change the economic and social conditions that promote unhealthy choices.

In creating targeted messages to consumers, educators could encourage individuals to:

- Consume more fruits and vegetables;
- Support and lobby for trade and agricultural policies that make fruits and vegetables accessible and affordable;
- Opt for food preparation methods that minimize the use of fat (e.g. baking, grilling, broiling, boiling, steaming, frying with little oil) and salt;
- Choose breastfeeding and good weaning practices which increase immunity against NCDs;
- Support and lobby for institutional changes towards healthier oil/fat (moving from saturated and trans-fats to unsaturated oil/fats) and reduction of salt and sugar content;

- Support campaigns and policy changes that limit marketing of foods high in saturated and trans-fats, salt and sugar and sugary beverages, particularly to children;
- Support and lobby for healthy diets in schools, workplaces and communities.

What inroads have already been made?

International

“The impact of this loss, this tragedy, goes beyond individuals, beyond families. NCDs are altering demographics. They are stunting development. And they are impacting economic growth...the global community must work together to monitor, reduce exposure to risks, and strengthen health care for people with non-communicable diseases.”

- Nassir Abdulaziz Al-Nasser (UN General Assembly President, 2011)

- In 2004, the World Health Organization (WHO) adopted and promoted the Global Strategy on Diet, Physical Activity and Health and a Resolution: Health Promotion and Healthy Lifestyles.¹¹
- In September 2011, the United Nations held a 2 day high level meeting of the General Assembly, attended by more than 30 heads of State and Government and at least 100 other senior ministers and experts, adopted a declaration or political statement calling for a multi-pronged campaign by governments, industry and civil society to set up [starting in] 2013 the plans needed to curb the risk factors behind the four groups of NCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.
- Steps [outlined] ranged from price and tax measures to reduce tobacco consumption to curbing the extensive marketing to children, particularly

¹¹ CARICOM View (September 2011), p.9

World Health Assembly Resolution WHA 57.16. Source: http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R16-en.pdf (Last accessed March 2, 2015)

on television, of foods and beverages that are high in saturated fats, trans-fatty acids, sugars, or salt. Other measures seek to cut the harmful consumption of alcohol, promote overall healthy diets and increase physical activity.¹²

- Then Secretary-General, Ban Ki-moon, called on governments, individuals, civic groups and businesses to all play their part.
- Under the leadership of the WHO, more than 190 countries agreed in 2011 on global mechanisms to reduce the avoidable NCD burden including a **Global Action Plan for the prevention and control of NCDs 2013-2020**.¹³ This plan aims to reduce the number of premature deaths from NCDs by 25% by 2025 through nine voluntary global targets. The nine targets focus in part by addressing factors such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity that increase people's risk of developing these diseases.

Regional

“The Health of the Region is the Wealth of the Region”

– Nassau Declaration, CARICOM Heads of Government, (2001)

- In September 2007¹⁴, the CARICOM Heads of Government Summit held in Port-of-Spain, Trinidad was the first such gathering of Heads of Government in the World. From that Summit, CARICOM Heads of Government had issued the Port-of-Spain Declaration – Uniting to Stop Chronic Non-Communicable Diseases.¹⁵

¹² UN New Centre (2001) “UN launches global campaign to curb death toll from non-communicable diseases”. Source: <http://www.un.org/apps/news/story.asp?NewsID=39600&Cr=non+communicable+diseases&Cr1=#.VPS-VvI4ob0> (last accessed March 2, 2015)

¹³ WHO (2013) Global Action Plan for the prevention and control of NCDs 2013-2020. Source: http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf (last accessed March 3, 2015)

¹⁴ http://www.caricom.org/jsp/pressreleases/pres213_07.jsp (last accessed March 2, 2015)

¹⁵ CARICOM View (September 2011), p.2

- *The CARICOM Port of Spain Declaration (Uniting to Stop the Epidemic of Chronic NCDs)* called on Member States to observe **Caribbean Wellness Day**. The annual event, which was initiated in 2008, provides an advocacy opportunity to increase awareness of the burden of NCDs in the region; mobilize and strengthen public, private, and civil society partnerships for NCDs; showcase national community level activities to promote healthy living, and encourage citizens to develop good health practices.¹⁶
- **The risk factor reduction strategy adopted by the CARICOM Heads of Government to address NCDs included: Health System Reform; Equitable access to effective, affordable medications; and improving surveillance and programme monitoring and evaluation.**¹⁷
- The Caribbean Public Health Agency (CARPHA) is the new single regional public health agency for the Caribbean. It was legally established in July 2011 by an Inter-Governmental Agreement signed by Caribbean Community Member States and began operation in January 2013. CARPHA brings together several Regional Health Institutions (RHIs)¹⁸ to address, amongst other issues, the surveillance and management of non-communicable diseases (NCDs) that have reached epidemic proportions such as obesity, cancer, heart disease and diabetes.¹⁹
- The CARICOM Regional Food and Nutrition Security Action Plan 2012 - 2016 was approved by the Council for Trade and Economic Development in 2011.²⁰

¹⁶ http://www.caricom.org/jsp/communications/meetings/statements/declaration_port_of_spain_chronic_ncds.jsp

¹⁷ CARICOM View (September 2011), p.3

¹⁸ The Caribbean Environmental Health Institute (CEHI); the Caribbean Epidemiology Centre (CAREC); the Caribbean Food and Nutrition Institute (CFNI); the Caribbean Health Research Council (CHRC); and the Caribbean Regional Drug Testing Laboratory (CRDTL)

¹⁹ <http://carpha.org/About> (last accessed March 2, 2015)

²⁰ http://www.fao.org/fsnforum/sites/default/files/file/caricom_consultation/km.fao.org/fsn/caricom.html (last accessed March 3, 2015)

National

The threat of non-communicable diseases (NCDs) is a national burden and constitutes a major public health challenge, which undermines social and economic development. In 2001, the estimated cost of diabetes and hypertension in Jamaica was US\$461 million.

– Minister of Health, Hon Fenton Ferguson, Sept 2014.

Recent national surveys show an increase in the major behavioural risk factors and NCDs, such as hypertension, obesity and diabetes, among adults

- Acting Permanent Secretary, Dr. Kevin Harvey.

- The establishment of the National Health Fund in April 2003 provided financial support to the national healthcare system to improve its effectiveness and the health of the Jamaican population.²¹ **The government created the National Health Fund (NHF) to reduce the cost of treatment of NCDs and finance some prevention programmes.**²²
- A National Food and Nutrition Security Policy was approved by way of Cabinet Decision 7/13 dated May 1, 2013. The Policy was tabled in the Houses of Parliament on May 8, 2013. An Action Plan was then developed and validated in September 2013. A draft Cabinet Submission for approval of the Action Plan as White Paper was prepared and sent to the Ministry of Finance for comments in January 2015.
- Passage of the Public Health (Tobacco Control) Regulations in July 2013.
- The Ministry of Health has developed a road map – the National Strategic and Action Plan for the Prevention and Control of NCDs 2013-2018.
- The Action Plan: significant reduction preventable morbidity and disability; premature mortality due to NCDs; premature mortality due to injuries by 25 per cent by 2015.

²¹ <http://www.nhf.org.jm/index.php/aims-objectives> (last accessed March 2, 2015)

²² World Bank (2008). Non-Communicable Diseases in Jamaica: Moving from Prescription to Prevention. P.11 Source: <http://siteresources.worldbank.org/LACEXT/Resources/informenoncommunicable.pdf> (last accessed March 2, 2015)

The Global Consumer Campaign

Consumers' International Campaign

- CI is calling for a **Global Convention to Protect and Promote Healthy Diets**. This would involve World Health Organization (WHO) Member States signing a legal agreement, or treaty. By signing, each country would commit to a framework of policies that would define, promote and protect healthy diets and healthy food. These measures would include responsible food marketing, food and nutritional standards, nutrition labelling, reformulation of processed food to reduce fat, sugar and salt and use of taxes, subsidies or planning controls to support the consumption of healthy food.
- CI has organized an international social media campaign using a campaign tool called **Thunderclap** to raise awareness of the need for a global treaty on food.²³

The National Consumer Movement Campaign

The Consumer Affairs Commission (CAC) is the agency under the Ministry of Industry, Investment and Commerce (MIIC) empowered by the Consumer Protection Act (CPA), 2005 amended 2012 to *"promote and protect consumer interests, in relation to the supply of goods and the provision of services in order to ensure protection of life, health and safety of consumers and others..."*²⁴

The objective of the CAC's WCRD 2015 campaign is to implement a public relations/education campaign geared towards increasing the awareness of World Consumer Rights Day (WCRD) 2015 under the theme *"Eating Right, When Money Tight"*. More specifically, the campaign will focus on healthy diets and issues that affect the youth consumers while also highlighting the Commission's role, function and services offered.

As is customary, the CAC will partner with the non-government consumer group, the National Consumers' League (NCL), in the national WCRD 2015 campaign; the details of which are outlined overleaf:

²³ CI (2015) World Consumer Rights Day 2015: Consumers Rights to Healthy Food Briefing No. 1 Overview Source: http://www.consumersinternational.org/media/1547584/wcrd-2015-ci-brief-1-overview_eng.pdf (last accessed March 3, 2015)

²⁴ CPA (2005), amended 2012

STRATEGY	RATIONALE	ACTIVITY
Preparatory Phase Partnerships	The food and media industries in Jamaica are comprised of several stakeholders who play important but different roles. It is therefore important that a cross section of these stakeholders participate in the Commission's WCRD 2015 activities so that consumers can be informed about the current situation that exists in Jamaica as it relates to our diet, the consequences (if any) of such eating patterns and the possible solutions.	<ul style="list-style-type: none"> - Contact stakeholders to be a part of the WCRD 2015. Among them National Consumers League, Ministries of Health, Education and Agriculture, Caribbean Food and Nutrition Institute (CFNI), Diabetes Association of Jamaica/Camp Yellow Bird - A partnership is being sought with the Radio Jamaica Group for endorsement of the Healthy Diets message and ultimately, to utilise its various media to transmit the WCRD 2015 message.
Campaign Collaterals	Campaign collaterals are required for maximum visibility.	<p>The creation of the following will play an integral role in accomplishing the visibility goal:</p> <ul style="list-style-type: none"> - 2 Life Size Posters that showcase overweight teens with the appropriate messages - Pens, pencils, string bags, water bottles, lunch kits, cooler cases for storing insulin, calorie counter devices, notebooks, etc. - Creation of additional brochures/posters and printing of existing ones - Baskets for distribution to various radio stations for consumers to call in with suggestions about creating a meal - Reprint of the Eating Right, When Money Tight Nutrition Booklet
Execution Phase Monday – Friday March 9-13, 2015 (TBC)	To create pre-awareness of WCRD 2015 leading up to the week of activities messages/information will be disseminated to consumers.	“Healthy Diets: Eating Right, When Money Tight” messages will be developed and disseminated prior to and during the week of World Consumer Rights Day 2015 activities via the CAC SMS Messaging Service, website; media as well as social media.
Competition using Radio and Social Media		A competition using radio and social media will be utilised where questions relating to WCRD 2015 will be asked and prize(s) comprising the CAC Basket of Goods given to winners.

STRATEGY	RATIONALE	ACTIVITY
March , 2015 TBC	To create pre-awareness of WCRD 2015 as well as highlight the activities of the upcoming week.	Honourable Minister of State, Sharon Ffolkes Abrahams shops at Charles Gordon Market in Montego Bay.
Sunday March 15, 2015 National Consumers League (NCL) Church Service Providence Methodist Church, 132 Old Hope Road, Kingston 6 at 8:30 am	<p>A Bible scripture from the Consumer Affairs Commission would be read. The function would also be utilised as a means to distribute literature regarding the Commission's roles and functions.</p> <p>A message from the Honourable Minister in the Ministry of Industry, Investment and Commerce regarding World Consumer Rights Day.</p>	<ul style="list-style-type: none"> - Stage booth with literature to hand out to church goers. - The WCRD 2015 Message will be read at Churches across the island.
Sunday March 15, 2015 Radio Programme Palav – Long Bench with Gerrard McDaniel	The Palav – Long Bench programme is easily recognisable and its format can accommodate the dissemination of WCRD 2015 information to a wide cross section.	The programme is one which is chat based and as such CAC Officials, Nutrition Experts, Ministry Officials and Children who have been diagnosed with NCDs would be easily accommodated. Information related to NCDs including number of youth affected, cost to treat and impact on the health sector in terms of budgetary allocation/amounts actually spent to treat those affected will be imparted.
Sunday March 15, 2015	WCRD Message published in Newspapers (Observer and Gleaner)	Publish half page WCRD Message in Newspapers (Observer and Gleaner)
(Monday – Friday) March 16-20, 2015 Exhibitions	School presentations and exhibitions bring awareness of WCRD, consumer rights and responsibilities as well as allow for one and one interactions.	<p>The staging of school presentations and exhibitions will be conducted at targeted libraries and schools. Among the libraries that are being considered are:</p> <ul style="list-style-type: none"> - Mandeville Parish Library, Mandeville - St. James Parish Library, Montego Bay - Clarendon Parish Library, Clarendon - Kingston & St. Andrew Parish Library, Tom Redcam Avenue - St. Thomas Branch Library, Morant Bay

STRATEGY	RATIONALE	ACTIVITY
		<ul style="list-style-type: none"> - Black River Hospital, Black River, St. Elizabeth - Savanna-La-Mar Hospital, Savanna-La-Mar, Westmoreland - Selected schools across the island
	Message from the Honourable Anthony Hylton, Minister of Industry, Investment and Commerce	The Minister's WCRD 2015 Message would be read at Schools across the island.
Monday March 17, 2015 Messages	Messages geared towards bringing awareness of WCRD 2015 would be read islandwide.	<ul style="list-style-type: none"> - A WCRD 2015 message from the Honourable Anthony Hylton Minister of Industry, Investment and Commerce would be aired on Television and Radio. - WCRD 2015 Message would be read at school devotions, Private Sector entities – PSOJ, JEA, JCC, Media, JTA, National Home School Association, National Parenting Association etc.
Monday March 17, 2015	A media campaign utilising segments of various radio stations to air the "Healthy Diets: Eating Right, When Money Tight" message. A CAC Official along with a targeted expert will be interviewed.	Power 106 with Dervan Malcolm (15 minute segment includes 10 promotional ads to be used prior to the airing of the programme).
Tuesday March 17, 2015 Signing of two Life Size Posters by the Members of both Houses of Parliament	The activity would be used as a photo opportunity to get national awareness of WCRD 2015 as media would already be present at Parliament. The Most Honourable Prime Minister, Opposition Leader and Ministers from the Ministries of MII, Agriculture, Education and Health would be the main focus.	<ul style="list-style-type: none"> - Obtain permission to stage event at Parliament - Obtain life size posters and stage outside of the doors of the House.
National Consumers League Town Hall Meeting (CVSS Centre) entitled, "Access to Healthy Foods: A Consumer Right"		Guest Speakers – Ministry of Health, Bureau of Standards Jamaica, Heart Foundation, Cancer Society

STRATEGY	RATIONALE	ACTIVITY
Wednesday March 18, 2015	A media campaign utilising segments of various radio stations to air the Healthy Diets: Eating Right, When Money Tight message. A CAC Official along with a targeted expert will be interviewed.	Mello FM with host Barry G (15 minute segment)
	Interviews on both major television stations.	Request interviews on TVJ's "Smile Jamaica" and CVM's "CVM@Sunrise"
Thursday March 19, 2014	A media campaign utilising segments of various radio stations to air the Healthy Diets: Eating Right, When Money Tight message. A CAC Official along with a targeted expert will be interviewed.	- At Your Service (AYS) with host Vernon Derby on Nationwide News Network. Request interview on Live@7 with host Simon Crosskill.
National Consumers League TBC		Presentation to school/organisation on Consumer Rights Education themed, "Never Too Soon to Learn, Know Your Rights(KYR)
March 21, 2015 National Consumers League (NCL) (TBC)		Health Fair
March 22, 2015 The Diabetes Association of Jamaica 5K Run/Walk	The Diabetes Association of Jamaica will be staging its 5K Run/Walk in launching the 2015 21 st UDOP International Diabetes Conference; and as part of our Healthy Diets theme, the CAC will be supporting the DAJ via participation in this event.	Participation in Jamaica Diabetes Association 5K Run

Plans for the CAC's Year Long Campaign

The CAC will implement a yearlong campaign which include, but will not be limited to the following short, medium to long term initiatives:

1. Jamaica's adoption of the GLOBAL FOOD TREATY with the attending issues:
 - ☐ **Access**
 - ☐ **Reducing salt consumption**
 - ☐ **Reducing sugar consumption**
 - ☐ **Nutrition labelling on pre-packaged food**
 - ☐ **Food marketing in schools**

Advantages of using this template:

- CI's focus is the overarching action to the Healthy Diets, Budgeting and Calorie Counting – the ultimate output UN support to facilitate a Global Food Treaty.
- This is the unique platform that is both attractive to the **media** and which the CAC can truly **own** any public endorsement which mimics CI's platform;

With regard to specific programmes related to the campaign, the CAC will:

- i. Adopt the campaign theme: "Food Treaty Now!" – It sounds authoritative and in keeping with all of the UN Millennium Development Goals (MDGs) and has the longevity of a one-year campaign - CAC's initiative at the national level;
- ii. Submit for endorsement, a Project proposal to CI through the Latin America and the Caribbean (LAC) head, regarding the national campaign;
- iii. Focusing solely on Healthy Diets and budgeting may risk the CAC overstepping/overlapping with the mandate of the Heart Foundation of Jamaica (HFJ), Diabetes Association of Jamaica (DAJ), Paediatrics Association of Jamaica, Ministry of Agriculture & Fisheries (MoA&F), Ministry of Health (MOH), etc. which have the mandate and budget support to implement such programmes. Strategic partnerships to be formalised with these organisations, which could provide an existing platform to facilitate the CAC's message.
- iv. Invite the Ministers of Health, Agriculture, PAHO/WHO to endorse the FOOD TREATY campaign at the outset because it has implications for Food Production, Manufacturing (MILC) and Public Health.
- v. Implement a targeted Information, Education and Communication (IEC) campaign (Media Programmes, Presentations, Informational Materials (brochures, posters, videos, etc.) :
 - ✓ Targeting demographics groups most affected by particular risk factors – e.g. women (particularly rural women) and obesity; youth (aged 10–15 year old) and high saturated fat, high sugar diets, etc.

- ✓ Discussing the issues relating to promoting healthy diets under the banner of the eight (8) consumer rights and responsibilities.
- vi. Encourage the Caribbean Consumer Council (CCC) to initiate and coordinate a regional consumer campaign on healthy diets.
- vii. Undertake several research studies (subject to feasibility and funding):
 - ✓ A study of the policies of local food producers and distributors. The aim of the study would be to investigate to what extent local producers are considering the health of their consumers when manufacturing. The conclusions would be made following examinations of the various policies these manufactures or distributors have- production, labelling, advertisement, food safety, etc. This information could be shared with the public to assist in making better choices and “best performing” manufacturers or distributors can be awarded a prize on an annual basis to encourage better practices within the manufacturing industry.
 - ✓ A study of local access and consumption patterns. The aim of this study would be to investigate household consumption patterns in relation to the price of foodstuffs. Consumption data could be obtained from the most recent Survey of Living Conditions, and price data – a proxy for access - would be obtained from the CAC's price survey. The findings could inform a national policy and education campaign that encourages greater access to healthier food and better consumption patterns.
 - ✓ As an extension of the study of local access and consumption patterns, the CAC could examine whether households are purchasing foods from every food group, and what percentage each food group represents of their total food expenditure. For example, not only would the CAC investigate whether households are purchasing from all food groups, but what percentage of their food expenses represents meat purchases, or fruit purchases, or grain purchases, etc. This will inform a more targeted campaign to improve consumption patterns
 - ✓ A study of the effect of caloric information on consumers' fast food choices. The aim of the study would be to investigate how consumers would change their consumption patterns once they are made aware of certain nutritional information. This study could be conducted among

- local restaurant chains. Conclusions made could inform a national policy that ensures that consumers are aware of the nutritional content of fast food.
- viii. Undertake a "Farm to Fork" Community Development Project: from the farm straight to households; a produce share in a farm. Communities partner with farms; thus providing funding and a direct market for produce. We would identify farmers, identify communities, and identify how much the community will pay, divided by household, each household paying a proportional amount. The Farmers would receive a subsidy and provide communities with food based on orders. The Farmers would get investment and assured market, consumers get fresh produce at reduced cost given elimination of middle man. This project could be designed as a study into how small farmers can partner with communities to improve consumption of healthy local foods.

Closing Statement

The Consumer Affairs Commission (CAC) is committed to "...foster[ing] ethical relations between the providers and consumers of goods and services in the Jamaican market place through effective advocacy, research, public education, and complaint resolution, utilizing the available technology, legal framework, and professional staff; within the context of a competitive environment and consistent with international human rights protocols and differences in the needs of consumers (in relation to sex, age, disability, income, education and rural/ urban populations)".²⁵

Being the representative of the largest stakeholder group, the CAC, through its targeted programmes and strategic partnerships, is poised to play a unique and important role in the global, regional and national dialogue and initiative to reduce the prevalence of NCDs amongst consumers at any level.

We urge you to join the campaign and let's make a difference, together.



Protecting Your Rights, Securing Our Future.

²⁵ CAC Mission Statement, 2014

List of Abbreviations

CAC	Consumer Affairs Commission
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCC	Caribbean Consumer Council
CD	Communicable Disease
CEHI	Caribbean Environmental Health Institute
CFNI	Caribbean Food and Nutrition Institute
CHRC	Caribbean Health Research Council
CI	Consumers' International
CNCD	Chronic Non-Communicable Disease
CPA	Consumer Protection Act
CRDTL	Caribbean Regional Drug Testing Laboratory
CVSS	Council of Voluntary Social Services
DAJ	Diabetes Association of Jamaica
GMO	Genetically Modified Organism
HFJ	Heart Foundation of Jamaica
IEC	Information, Education and Communication
JCC	Jamaica Chambers of Commerce
JEA	Jamaica Exporters Association
JTA	Jamaica Teachers' Association
LAC	Latin America and the Caribbean
MDG	Millennium Development Goals
MIIC	Ministry of Industry, Investment and Commerce
MoA&F	Ministry of Agriculture & Fisheries
MOH	Ministry of Health
NCL	National Consumers' League
NHF	National Health Fund
PAHO	Pan American Health Organization
PSOJ	Private Sector Organization of Jamaica
TBC	<i>To be confirmed*</i>
TVJ	Television Jamaica
UN	United Nations
UNOP	University Diabetes Outreach Programme
WCRD	World Consumer Rights Day
WHA	World Health Assembly
WHF	World Heart Federation
WHO	World Health Organization
WTO	World Trade Organization